

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DHD	DEP	DHD	DEP	DHD	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	(1)	(1)				
14	(1)	(1)				
15	(1)	(1)				
16	(1)	(1)				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	(1)	(1)				

	DID	DEP	DID	DEP	DID	DEP
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TOTAL CLAIMS						